

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

JOHN R. MATTINGLY*
DANIEL J. STANGER
SHRINATH MALUR*
CARL I. BRUNDIDGE*

DONNA K. MASON*

CHUN-POK "ROGER" LEUNG*
GENE W. STOCKMAN
OF COUNSEL

JEFFREY M. KETCHUM
NICHOLAS R. MATTINGLY
Registered Patent Agent

* Bar Membership Other Than Virginia

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To: Examiner A.M. Psitos
Group Art Unit 2627, USPTO

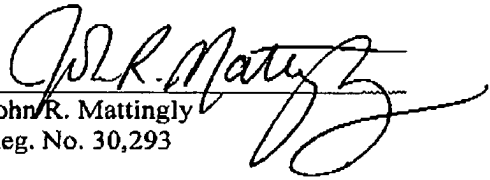
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/069,732
Attorney Docket No.: ASA-1074

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal;
Amendment;
Petition for Extension of Time; and
Credit Card Payment Form in amount of \$490.00
In payment of two month extension of time fee.**


John R. Mattingly
Reg. No. 30,293

January 26, 2009
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Form PTO-1083

Patent

In RE application of H. NEMOTO et al

Case Docket No. ASA-1074

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Serial No.: 10/069,732

Group Art Unit: 2627

For: METHOD AND DEVICE FOR INFORMATION
RECORDING/REPRODUCING AND INFORMATION
RECORDING MEDIUM

Examiner: A.M. Psitos

JAN 26 2009

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

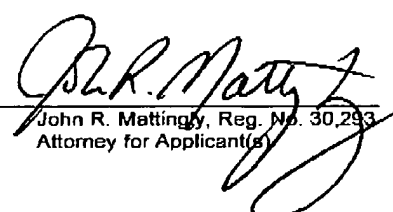
(Col. 1)	(Col. 2)	(Col. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total	Minus **	=
Indep.	Minus ***	=

☐ First presentation of Multiple Dependent Claims

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
X 25	\$		X 50	\$
X 100	\$		X 200	\$
X 180	\$		X 360	\$
Total	\$	OR	Total	\$

.. If the entry in Col. 1 is less than the entry in Col. 2, write '0' in col. 3.
... If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
... If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$ 490.00 is attached for 2 month EOT.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Malur & Brundidge, P.C.
1800 Diagonal Road, Suite 370
Alexandria, Virginia 22312
Tel: (703) 684-1120
Fax: (703) 684-1157By: 
John R. Mattingly, Reg. No. 30,293
Attorney for Applicant(s)

Date: January 26, 2009